



Second Lieutenant Entitlements Pamphlet



Train to Lead – We Commission



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SECOND LIEUTENANT ENTITLEMENTS

This pamphlet provides information on your benefits and entitlements as a second lieutenant upon entry onto active duty. You should find it very useful in ensuring a first-rate transition into the United States Army. Your brigade and region staffs are committed to ensuring the appropriate attention and care is given to your needs, and those of your Family. If you have comments to improve this pamphlet, please make them known to your PMS or APMS and your comments will be evaluated and integrated in future updates as appropriate.

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Pay and Allowances

Leave and earnings statement (LES) – You will receive a monthly pay stub informing you of the amount of pay that you have received for the current month. An example and full explanation can be found on page 12 (Appendix A).

You must have a myPay account in order to receive your LES. Visit <https://mypay.dfas.mil/mypay.aspx> to register for your pin #.

Basic Pay – A Soldier's base pay is determined by their pay grade and years of service. There are additional pay entitlements, such as basic allowance for housing and subsistence that all Soldiers are authorized and other entitlements, such as jump pay, flight pay, hazardous duty pay, etc. based upon your duty status.

Current Basic Pay Rates

- Current Basic Pay Rates can be obtained by going to the following website: <http://www.dod.mil/dfas/militarypay/2006militarypaytables.html>

Basic Allowance for Housing (BAH) - BAH is an allowance to offset the cost of housing when you do not receive government-provided housing. BAH is based on geographic duty location, pay grade, and dependency status. BAH rates are set by surveying the cost of rental properties in each geographic location. If government quarters are available all single lieutenants (O-1) are authorized a 2 bedroom apartment and married lieutenants are authorized a 2-bedroom townhouse/duplex. Additional bedrooms are authorized based on the size of your Family and the gender and ages of your Family members. Many installation housing offices require single or unaccompanied officers attending OBC to reside on post in the bachelor officer quarters, a furnished efficiency apartment or something similar to a long term stay hotel room.

Current BAH Rates

- Current rates and additional information about BAH can be obtained by going to the following website: <https://secureapp2.hqda.pentagon.mil/perdiem/bah.html>

Basic Allowance for Subsistence (BAS) – A cash allowance, by law payable to officers at all times, to help reimburse them for the expense of subsisting themselves.

Current BAS Rate for Officers

- Current BAS rate is \$192.74 per month

Additional Allowances

Uniform Allowance - Newly accessed Army officers are entitled to an initial uniform allowance to assist them in purchasing additional uniforms and accessories. A one-time payment of \$400 is authorized.

Additionally, ROTC graduates appointed in the Regular Army are entitled to an additional active duty uniform allowance of \$200.

Family Separation Allowance (FSA) - When officers are performing duty away from Family members (TDY) and they are unable to cohabitate for 30 days or more, on the 31st day the officer is authorized an allowance of \$250 per month. This allowance is paid upon completion of the TDY.

PCS Moves

Dislocation Allowance (DLA) – The purpose of DLA is to partially reimburse a member, with or without dependents, for the expenses incurred in relocating the member's household on a permanent change of station (PCS). This allowance may be paid in advance.

Current DLA Rates

- 2LT/O-1 without dependents is \$1352.61
- 2LT/O-1 with dependents is \$1835.30
- 2LT/O-1E without dependents is \$1598.44
- 2LT/O-1E with dependents is \$2154.07

Temporary Lodging Expense (TLE) – The purpose of TLE is to partially offset lodging and meal expenses when a member and/or dependents need to occupy temporary lodging in the continental US (CONUS) in connection with a permanent change of station (PCS) move. Uniformed service members are authorized up to 10 days lodging and subsistence expenses in CONUS. The rate of payment is added or subtracted from their normal BAH and BAS in an attempt to match their entitlement with the prevailing local rates. Members may be allowed up to \$180 per day per Family.

Per Diem for PCS Travel – For travel by privately owned vehicle (POV), per diem for the member is a flat \$85 per day. Per diem for the member when travel is by commercial means is computed under lodgings plus the rate for the new permanent duty station, or the rate for the delay point if the member stops overnight. Per diem for the dependents is $\frac{3}{4}$ of the member's applicable rate for each dependent 12 years or older and $\frac{1}{2}$ of the member's applicable rate for each dependent under 12 years.

Mileage Rate for PCS Travel by POV – The mileage rates are as follows:

- 15 cents per mile for 1 occupant
- 17 cents per mile for 2 occupants
- 19 cents per mile for 3 occupants
- 20 cents per mile for 4 or more occupants

HHG Transportation and Storage - A member directed to make a PCS is entitled to transportation and/or storage of HHG. A member's weight allowance depends on the member's grade and dependency status. The Service concerned may administratively limit the amount shipped. PCS HHG transportation entitles a member to temporary storage, until the member arranges for a new permanent residence, unless prohibited. Temporary storage may be authorized at any combination of the point of origin, in transit, or at destination.

Table 1-1
TABLE OF JOINT FEDERAL TRAVEL REGULATIONS—WEIGHT ALLOWANCES—(POUNDS)

GRADE	PCS WITHOUT DEPENDENTS	PCS WITH DEPENDENTS	TDY/TAD WEIGHT ALLOWANCE
O-10	18,000	18,000	2,000
O-9	18,000	18,000	1,500
O-8	18,000	18,000	1,000
O-7	18,000	18,000	1,000
O-6	18,000	18,000	800
O-5/W-5	16,000	17,500	800
O-4/W-4	14,000	17,000	800
O-3/W-3	13,000	14,500	600
O-2/W-2	12,500	13,500	600
O-1/W-1	10,000	12,000	600
E-9	12,000	14,500	600
E-8	11,000	13,500	500
E-7	10,500	12,500	400
E-6	8,000	11,000	400
E-5	7,000	9,000	400
E-4*	7,000	8,000	400
E-4**	3,600	7,000	225
E-3	2,000	5,000	225
E-1/E-2	1,600	5,000	225
Aviation Cadets***			
Service Academy Cadets and Midshipmen			350

Notes:
 * More than two years
 ** two years or less
 *** Aviation cadets are entitled to the weight allowance prescribed for members in grade E-4.

Do It Yourself (DITY) Move (Partial & Full) - A DITY move is an alternate means of moving personal property. You can move as much or as little as you would like. Your incentive payment will be 95% of what it would cost the government to haul that much weight. Applicable taxes will be withheld. You will need to complete the following for a DITY move:

- Complete DD Form 2278 (application for DITY move) at your Transportation Office.
- Obtain the necessary equipment, materials, and vehicles to safely transport the property.
- Weigh the vehicle(s) empty and loaded, using certified scales.
- Obtain receipts for expenses.
- Submit a settlement claim upon inprocessing at your gaining station.

Temporary Duty (TDY)

Occasionally officers are required to perform temporary duty at locations other than their permanent duty location. **DD Form 1610**, Request and Authorization for TDY Travel of DoD Personnel, is the official travel order used for temporary duty (see Appendix B for example). In instances where temporary duty is in conjunction with a move, the TDY is authorized in the movement orders (see Appendix E). Some examples of TDY are:

- assignment as cadre for the Leader's Training Course (LTC)
- assignment as cadre for the Leadership Development and Assessment Course (LDAC)
- attendance at Officer Basic Course (OBC)

Upon completion of temporary duty, you will need to complete a **DD Form 1351-2**, Travel Voucher or Subvoucher, to your servicing Finance Office, for payment of expenses incurred while serving temporary duty.

During your TDY at the Officer Basic Course, after 30 days, and every 30 days thereafter, you may submit a partial settlement for payment of expenses incurred thus far. You will then need to submit a final travel voucher upon completion of the temporary duty. This should be done within 5 days upon completion of travel.

An example DD Form 1351-2 and explanation sheet can be found on page 25, Appendix C.

Medical/Dental

TRICARE - All Active Duty Uniformed Service Members are enrolled in TRICARE Prime, the best and most comprehensive military healthcare program in the world. There is no healthcare cost for Active Duty. Active duty Soldiers have first-priority care at all Military Treatment Facilities (MTFs)

To use TRICARE benefits, you and your Family members (age 10 and over) must have a valid identification card issued by the uniformed services and be in the Defense Enrollment Eligibility Reporting System (DEERS) database. It is very important that the officer and authorized Family members report to the nearest military installation for issuance of identification cards and enrollment in DEERS. Even if your Family will not join you at your initial duty station, enroll them in DEERS and get them an ID card at the nearest military installation before you depart.

Family members have three TRICARE plans to choose from: Prime, Extra, and Standard. Each one differs a bit in cost and flexibility but differences in Family needs and availability of services dictate that we offer a wide range of services to meet these needs. For more information please visit the TRICARE Website at <http://www.tricare.mil/mhshome.aspx>

TRICARE Dental Program - The TRICARE Dental Program (TDP) is offered by the Department of Defense (DoD) through the TRICARE Management Activity (TMA). United Concordia Companies, Inc., administers and underwrites the TDP for the TMA. The TDP is a high-quality, cost-effective dental care benefit for eligible Family members of all active duty uniformed services personnel; as well members of the Selected Reserve and Individual Ready Reserve (IRR) and their eligible Family members. Active duty personnel are not eligible for the TRICARE Dental Program. They receive dental care from military dental treatment facilities. Reservists who are ordered to active duty for a period of more than 30 consecutive days have the same benefits as active-duty service members.

Plan	Enrollment Year	
	Feb. 1, 2007 – Jan. 31, 2008	Feb. 1, 2008 – Jan. 31, 2009
Monthly Single Premium (one Family member)	\$11.05	\$11.58
Monthly Family Premium (more than one Family member)	\$27.63	\$28.95

For more information, please visit the TRICARE Dental Program website at <http://www.tricaredentalprogram.com/tdptws/enrollees/enrollees.jsp>.

Miscellaneous

Thrift Savings Plan (TSP) – The TSP is a Federal Government-sponsored retirement savings and investment plan. The purpose of the TSP is to provide retirement income. You may elect to contribute any percentage (1 to 100) of your basic pay each pay period to your TSP account as soon as you become a member of the uniformed services. To enroll in the TSP, you will need to either submit the Election Form (TSP-U-1) thru your battalion admin technician, or you can enroll on the MyPay website. You can sign up to contribute to the TSP at anytime. Your contributions will begin no later than the first full pay period after your election is accepted. For more information about the TSP, visit <http://www.tsp.gov>.

Servicemember's Group Life Insurance (SGLI) - SGLI is a program of low cost group life insurance for servicemembers on active duty. Coverage is available in \$50,000 increments up to the maximum amount of \$400,000. Monthly SGLI premiums are currently \$0.07 per \$1,000 of insurance, regardless of the member's age. Officers should see their Battalion Admin Technician for assistance in correctly filling out the SGLV 8286 Form. The form and good step-by-step instructions are available at <http://www.insurance.va.gov/sqliSite/forms/forms.htm>.

Family Servicemember's Group Life Insurance (FSGLI) - FSGLI is a program extended to the spouses and dependent children of members insured under the SGLI program. Coverage for spouses is available in \$10,000 increments up to the maximum amount of \$100,000, not to exceed the amount of SGLI the insured member has in force, and \$10,000 for children. Monthly premium rates are based on age of spouse and are currently \$0.60 per \$10,000 of coverage if under 35, \$0.75 per \$10,000 for those 35-39, and so on. You can find a great deal of information and current rates at <http://www.insurance.va.gov/sqliSite/FSGLI/sqlifam.htm>.

Emergency Data Card (DD 93) - The Department of Defense Form 93 is one of the most important documents maintained on Soldiers. This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your Family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. It is vitally important

that these changes be annotated on your DD 93 immediately upon occurrence.
The original must be maintained at the university and a copy forwarded to:

Commander, HRC
ATTN: AHRC PEC
2461 Eisenhower Ave
Alexandria, VA 22331-0481

See example in Appendix F

Appendix A

Leave and Earnings Statement (LES)

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT																											
ID	NAME (LAST, FIRST, MI)				SOC. SEC. NO.		GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED														
	1				2		3	4	5	6	7	8	9														
ENTITLEMENTS				DEDUCTIONS				ALLOTMENTS				SUMMARY															
TYPE AMOUNT				TYPE AMOUNT				TYPE AMOUNT				+ AMT FWD 13															
A B C D E F G H I J K L M N O	10				11				12				+ TOT ENT 14														
													- TOT DED 15														
													- TOT ALMT 16														
													= NET AMT 17														
													- CR FWD 18														
													= EOM PAY 19														
	TOTAL				20				21				22				DIEMS 23		RET PLAN 24								
LEAVE		BF BAL 25	ERND 26	USED 27	CR BAL 28	ETS BAL 29	LV LOST 30	LV PAID 31	USE/LOSE 32	FED TAXES 33		WAGE PERIOD 34	WAGE YTD 35	M/S 36	EX 37	ADD'L TAX 38	TAX YTD 39										
FICA TAXES		WAGE PERIOD 39		SOC WAGE YTD 40		SOC TAX YTD 41		MED WAGE YTD 42		MED TAX YTD 43		STATE TAXES 44		ST 45	WAGE PERIOD 46	WAGE YTD 47	M/S 48	EX 49									
PAY DATA		BAQ TYPE 50		BAQ DEPN 51		VHA ZIP 52		RENT AMT 53		SHARE 54		STAT 55		JFTR 56		DEPN 57		2D JFTR 58		BAS TYPE 59		CHARITY YTD 60		TPC 61		PACIDN 62	
Thrift Savings Plan (TSP)		BASE PAY RATE 63		BASE PAY CURRENT 64		SPEC PAY RATE 65		SPEC PAY CURRENT 66		INC PAY RATE 67		INC PAY CURRENT 68		BONUS PAY RATE 69		BONUS PAY CURRENT 70											
				CURRENTLY NOT USED 71				TSP YTD DEDUCTIONS 72				DEFERRED 73				EXEMPT 74				CURRENTLY NOT USED 75							
REMARKS		YTD ENTITLE 76				YTD DEDUCT 77				78																	

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DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT									
ID	NAME (LAST, FIRST, MI)	SOC. SEC. NO.	GRADE	PAY DATE	YES SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED
	1	2	3	4	5	6	7	8	9

Fields 1 through 9 contain the identification portion of the LES.

Field 1 - **NAME**. The member's name in last, first, middle initial format.

Field 2 - **SOC. SEC. NO.** The member's Social Security Number.

Field 3 - **GRADE**. The member's current pay grade.

Field 4 - **PAY DATE**. The date the member entered active duty for pay purposes in YYMMDD format. This is synonymous with the Pay Entry Base Date (PEBD).

Field 5 - **YRS SVC**. In two digits, the actual years of creditable service.

Field 6 - **ETS**. The Expiration Term of Service in YYMMDD format. This is synonymous with the Expiration of Active Obligated Service (EAOS).

Field 7 - **BRANCH**. This field reflects branch of service OR program which the service member is enrolled.

Field 8 - **ADSN/DSSN**. The Disbursing Station Symbol Number used to identify each disbursing/finance office.

Field 9 - **PERIOD COVERED**. *This field will show the "Check Date" for Reserve or National Guard members.*

ENTITLEMENTS		DEDUCTIONS		ALLOTMENTS		SUMMARY	
TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	+ AMT FWD	13
A B C D E F G H I J K L M N O	10	11		12		+ TOT ENT	14
						- TOT DED	15
						- TOT ALMT	16
						= NET AMT	17
						- CR FWD	18
						= BOM PAY	19
						DERMS	23
						RET PLAN	24
TOTAL	20	21		22			

Fields 10 through 22 contain the entitlements, deductions, allotments, their respective totals, a mathematical summary portion and date initially entered military service.

Field 10 - **ENTITLEMENTS**. In columnar style the names of the entitlements and allowances being paid. Space is allocated for fifteen entitlements and/or allowances. If more than fifteen are present the overflow will be printed in the remarks block. Any retroactive entitlements and/or allowances will be added to like entitlements and/or allowances.

Field 11 - **DEDUCTIONS**. The description of the deductions is listed in columnar style. This includes items such as taxes, SGLI and dependent dental plan. Space is allocated for fifteen deductions. If more than fifteen are present the overflow will be printed in the remarks block. Any retroactive deductions will be added to like deductions.

Field 12 - **ALLOTMENTS**. *Reservist and National Guard do not have allotments.*

Field 13 - **AMT FWD**. The amount of all unpaid pay and allowances due from the prior LES.

Field 14 - **TOT ENT**. The figure from Field 20 that is the total of all entitlements and/or allowances listed.

Field 15 - **TOT DED**. The figure from Field 21 that is the total of all deductions.

Field 16 - **TOT ALMT**. *Reservist and National Guard do not have allotments.*

Field 17 - **NET AMT**. The dollar value of all unpaid pay and allowances, plus total entitlements and/or allowances, minus deductions due on the current LES.

Field 18 - **CR FWD**. The dollar value of all unpaid pay and allowances due to reflect on the next LES as the +AMT FWD.

Field 19 - **EOM PAY**. The actual amount of the payment to be paid to the member on that specific payday.

Fields 20 through 22 - **TOTAL**. The total amounts for the entitlements and/or allowances, and deductions respectively.

Fields 23 and 24 are NOT used by Reserve and National Guard members.

LEAVE	BF BAL	ERND	USED	CR BAL	ETS BAL	LV LOST	LV PAID	USE/LOSE
	25	26	27	28	29	30	31	32

Fields 25 through 32 contain leave information.

Field 25 - **BF BAL**. The brought forward leave balance. Balance may be at the beginning of the fiscal year, or when active duty began, or the day after the member was paid Lump Sum Leave (LSL).

Field 26 - **ERND**. The cumulative amount of leave earned in the current fiscal year or current term of enlistment if the member reenlisted/extended since the beginning of the fiscal year. Normally increases by 2.5 days each month.

Field 27 - **USED**. The cumulative amount of leave used in the current fiscal year or current term of enlistment if member reenlisted/extended since the beginning of the fiscal year.

Field 28 - **CR BAL**. The current leave balance as of the end of the period covered by the LES.

Field 29 - **ETS BAL**. The projected leave balance to the member's Expiration Term of Service (ETS).

Field 30 - **LV LOST**. The number of days of leave that has been lost.

Field 31 - **LV PAID**. The number of days of leave paid to date.

Field 32 - **USE/LOSE**. The projected number of days of leave that will be lost if not taken in the current fiscal year on a monthly basis. The number of days of leave in this block will decrease with any leave usage.

FED TAXES	WAGE PERIOD 33	WAGE YTD 34	M/S 35	EX 36	ADD'L TAX 37	TAX YTD 38
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Fields 33 through 38 contain Federal Tax withholding information.

Field 33 - **WAGE PERIOD**. The amount of money earned this LES period that is subject to Federal Income Tax Withholding (FITW).

Field 34 - **WAGE YTD**. The money earned year-to-date that is subject to FITW.

Field 35 - **M/S**. The marital status used to compute the FITW.

Field 36 - **EX**. The number of exemptions used to compute the FITW.

Field 37 - **ADD'L TAX**. The member specified additional dollar amount to be withheld in addition to the amount computed by the Marital Status and Exemptions.

Field 38 - **TAX YTD**. The cumulative total of FITW withheld throughout the calendar year.

FICA TAXES	WAGE PERIOD	SOC WAGE YTD	SOC TAX YTD	MED WAGE YTD	MED TAX YTD
	39	40	41	42	43

Fields 39 through 43 contain Federal Insurance Contributions Act (FICA) information.

Field 39 - **WAGE PERIOD**. The amount of money earned this LES period that is subject to FICA.

Field 40 - **SOC WAGE YTD**. The wages earned year-to-date that are subject to FICA.

Field 41 - **SOC TAX YTD**. Cumulative total of FICA withheld throughout the calendar year.

Field 42 - **MED WAGE YTD**. The wages earned year-to-date that are subject to Medicare.

Field 43 - **MED TAX YTD**. Cumulative total of Medicare taxes paid year-to-date.

STATE TAXES	ST	WAGE PERIOD	WAGE YTD	M/S	EX	TAX YTD
	44	45	46	47	48	49

Fields 44 through 49 contain State Tax information.

Field 44 - **ST**. The two digit postal abbreviation for the state the member elected.

Field 45 - **WAGE PERIOD**. The amount of money earned this LES period that is subject to State Income Tax Withholding (SITW).

Field 46 - **WAGE YTD**. The money earned year-to-date that is subject to SITW.

Field 47 - **M/S**. The marital status used to compute the SITW.

Field 48 - **EX**. The number of exemptions used to compute the SITW.

Field 49 - **TAX YTD**. The cumulative total of SITW withheld throughout the calendar year.

PAY DATA	BAQ TYPE	BAQ DEPN	VHA ZIP	RENT AMT	SHARE	STAT	IFTR	DEPNS	2D IFTR	BAS TYPE	CHARITY YTD	TPC	PACIEN
	50	51	52	53	54	55	56	57	58	59	60	61	62

Fields 50 through 62 contain additional Pay Data.

Field 50 - **BAQ TYPE**. The member's type of Basic Allowance for Quarters status.

- W/O DEP - Member without dependents.
- W DEP - Member with dependents.
- WDAGQT - Member with dependents assigned government quarters.

Field 51 - **BAQ DEPN**. Indicates the type of dependent.

- Spouse
- Child
- Parent
- Grandfathered
- Member married to member/own right
- Ward of the court
- Parents in Law
- Own right
- Student (age 21-22)
- Handicapped child over age 21
- Member married to member, child under 21
- No dependents
- N/A

Field 52 - **VHA ZIP**. The zip code used in the computation of Variable Housing Allowance (VHA) if entitlement exists.

Field 53 - **RENT AMT**. The amount of rent paid for housing if applicable.

Field 54 - **SHARE**. The number of people with which the member shares housing costs.

Field 55 - **STAT**. The VHA status; i.e., accompanied or unaccompanied.

Field 56 - **JFTR**. The Joint Federal Travel Regulation (JFTR) code based on the location of the member for Cost of Living Allowance (COLA) purposes.

Field 57 - **DEPNs**. The number of dependents the member has for COLA purposes.

Field 58 - **2D JFTR**. The JFTR code based on the location of the member's dependents for COLA purposes.

Field 59 - **BAS TYPE**

- STAND - Separate Rations
- (blank) - Rations-in-kind not available
- OFFIC - Officer Rations

Field 60 - **CHARITY YTD**. The cumulative amount of charitable contributions for the calendar year.

Field 61 - **TPC**. ***This field is not used by the Active Component.***

Army Reserves and National Guard use this field to identify Training Program Codes.

- **A** - Normal pay status code for a regular service member on regular duty.
- **C** - Funeral Honors Duty.
- **M** - Annual training tours over 30 days.

- **N** - Death.
- **O** - Training for HPSP, ROTC, and Special ADT over 30 days.
- **T** - ADT over 29 days. (School)
- **U** - Undergraduate pilot training, in-grade pilot, navigator, and advance flying training officers.
- **X** - Stipend Tour of HPIP participants or subsistence for ROTC participants.
- **Z** - Administrative and support training (exclusive of recruiting).

Field 62 - **PACIDN**. The activity Unit Identification Code (UIC).

Thrift Savings Plan (TSP)	BASE PAY RATE	BASE PAY CURRENT	SPEC PAY RATE	SPEC PAY CURRENT	INC PAY RATE	INC PAY CURRENT	BONUS PAY RATE	BONUS PAY CURRENT
	63	64	65	66	67	68	69	70
	TSP YTD DEDUCTIONS		DEFERRED		EXEMPT			
	71	72	73		74		75	

Fields 63 through 75 contain Thrift Savings Plan (TSP) information/data.

Field 63 - **BASE PAY RATE**. The percentage of base pay elected for TSP contributions.

Field 64 - **BASE PAY CURRENT**. The amount of Base Pay withheld for TSP from current pay entitlement

Field 65 - **SPECIAL PAY RATE**. The percentage of Specialty Pay elected for TSP contribution.

Field 66 - **SPECIAL PAY CURRENT**. The amount of Special Pay withheld for TSP from current pay entitlement.

Field 67 - **INCENTIVE PAY RATE**. Percentage of Incentive Pay elected towards TSP contribution.

Field 68 - **INCENTIVE PAY CURRENT**. The amount of Incentive Pay withheld for TSP from current pay entitlement.

Field 69 - **BONUS PAY RATE**. The percentage of Bonus Pay elected towards TSP contribution.

Field 70 - **BONUS PAY CURRENT**. The amount of Bonus Pay withheld for TSP from current pay entitlement.

Field 71 - Reserved for future use.

Field 72 - **TSP YTD DEDUCTION** (TSP YEAR TO DATE DEDUCTION): Dollar amount of TSP contributions deducted for the year.

Field 73 - **DEFERRED**: Dollar amount of pay elected to be deferred during the tax year.

Field 74 - **EXEMPT**: Dollar amount of TSP contributions that are reported as tax exempt to the Internal Revenue Service (IRS).

Field 75 - Reserved for future use.

REMARKS	YTD ENTITLE _____	YTD DEDUCT _____
76	77	78

Field 76 - **REMARKS**. Notices of starts, stops and changes to a member's pay items as well as general notices from varying levels of command may appear.

Field 77 - **YTD ENTITLE**. The cumulative total of all entitlements for the calendar year.

Field 78 - **YTD DEDUCT**. The cumulative total of all deductions for the calendar year.

Appendix B

DD Form 1610, Request and Authorization for TDY Travel of DoD Personnel

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <i>(Reference: Joint Travel Regulations (JTR), Chapter 3)</i> <i>(Read Privacy Act Statement on back before completing form.)</i>										1. DATE OF REQUEST (YYYYMMDD)					
REQUEST FOR OFFICIAL TRAVEL															
2. NAME <i>(Last, First, Middle Initial)</i>				3. SOCIAL SECURITY NUMBER				4. POSITION TITLE AND GRADE/RATING							
5. LOCATION OF PERMANENT DUTY STATION (PDS)						6. ORGANIZATIONAL ELEMENT			7. DUTY PHONE NUMBER <i>(Include Area Code)</i>						
8. TYPE OF AUTHORIZATION			9. TDY PURPOSE <i>(See JTR, Appendix H)</i>			10a. APPROX. NO. OF TDY DAYS <i>(Including travel time)</i>			b. PROCEED DATE (YYYYMMDD)						
11. ITINERARY												<input type="checkbox"/> VARIATION AUTHORIZED			
12. TRANSPORTATION MODE															
a. COMMERCIAL				b. GOVERNMENT				c. LOCAL TRANSPORTATION							
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	CAR RENTAL	TAXI	OTHER	PRIVATELY OWNED CONVEYANCE <i>(Check one)</i> RATE PER MILE: _____					
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER <i>(Overseas Travel only)</i>										<input type="checkbox"/> ADVANTAGEOUS TO THE GOVERNMENT MILEAGE REIMBURSEMENT AND PER DIEM IS LIMITED TO CONSTRUCTED COST OF COMMON CARRIER TRANSPORTATION AND PER DIEM AS DETERMINED AND TRAVEL TIME AS LIMITED PER JTR					
13.															
a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.								b. OTHER RATE OF PER DIEM <i>(Specify)</i>							
14. ESTIMATED COST										15. ADVANCE AUTHORIZED					
a. PER DIEM \$				b. TRAVEL \$				c. OTHER \$				d. TOTAL \$ 0.00		\$	
16. REMARKS <i>(Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)</i>															
17. TRAVEL-REQUESTING OFFICIAL <i>(Title and signature)</i>														18. TRAVEL-APPROVING/DIRECTING OFFICIAL <i>(Title and signature)</i>	
AUTHORIZATION															
19. ACCOUNTING CITATION															
20. AUTHORIZING/ORDER-ISSUING OFFICIAL <i>(Title and signature)</i>										21. DATE ISSUED (YYYYMMDD)					
										22. TRAVEL AUTHORIZATION NUMBER					

INSTRUCTIONS FOR COMPLETING DD FORM 1610, REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (MILITARY)

Note: More detailed instructions for completing the DD Form 1610 or an electronic travel order can be found in AR 600-8-105, Military Orders.

Block 1. Date of request: Enter the day, month, and year the request for travel was initiated (for example: 15 Aug 01).

Block 2. Name: Enter the name and social security number (SSAN) of the traveler.

Block 3. Position Title and Grade or Rating: Enter the grade or rank of the traveler.

Block 4. Official Station: Enter the name and location of the traveler's current permanent duty.

Block 5. Organizational Element: Enter the traveler's current unit of assignment.

Block 6. Phone Number: Enter the traveler's current duty phone number.

Block 7. Type of Orders: TDY and any appropriate clarifying category (Group, Repeated, Confirmatory, Blanket, Amendment, or Invitational).

Block 8. Security Clearance: Usually left blank unless information is considered necessary by the travel-directing official.

Block 9. Purpose of TDY: Should be specified clearly and fully (for example: operational-managerial; meetings, conferences and speeches; training; relocation; and other travel). If the TDY is to attend school, include the reporting date, course title, class or course number, and quota source.

Block 10a. Approximate Number of Days of TDY: Self-explanatory. However, the period, including travel time, may be exceeded by 100 percent or seven days, whichever is less, without requiring a travel order amendment (AR 600-8-105, Para. 1-21C applies for continuous TDY at one location for more than 180 calendar days).

Block 10b. Proceed O/A (Date): Enter the date, as accurately as possible, for beginning official travel (official travel may begin as much as seven days before or after the indicated date but is not official until the date the travel order is issued).

Block 11. Itinerary: Indicate from and to locations to which official travel is authorized and the return location. Do not enter a location unless TDY will be performed at that location or a rest stop is authorized at that location. If TDY is to be performed at a military installation, the name of the military installation at which the organization is located must be shown. If the traveler may have to vary from a prescribed itinerary to accomplish the mission assignment, an "X" is entered in the Variation Authorized block. Justification for variation must be signed by the requesting or approving official and attached to the order.

Block 12. Mode of Transportation: This block is divided into three parts: commercial, Government, and privately owned conveyance (POC). Which fields are marked determines how the traveler may journey to and from the travel destination and what the Government will or will not pay for that travel (See AR 600-8-105, Para 2-10 for additional guidance on transportation modes).

- Commercial travel uses a transportation request (TR) and tickets are issued by a commercial travel office such as SATO Travel.
- Government travel uses a vehicle (i.e., car, ship, plane, etc.) owned by the Government and either assigned to an organization or made available via a motor pool. The traveler may also be required to ride in such a vehicle operated by another individual.
- POC travel uses a vehicle owned by the traveler. When personal auto is selected, a rate per mile is normally stated. POC travel is designated as either more advantageous to the Government using a POC or is limited to the cost the Government would have incurred had the traveler used either commercial or Government transportation.

Block 13. Per Diem: This field identifies if normal per diem is authorized or if any special reduced rate is to be prescribed.

Block 14. Estimated Cost: Left blank unless the information is required by local instructions.

Block 15. Advance Authorized: Left blank unless the information is required by local instructions.

Block 16. Remarks: This block provides any other authorizations entitled to the traveler such as registration fees, actual expenses, etc. The block also places any limitations or restrictions on entitlements. The person preparing the order develops an appropriate response to this item by referring to AR 600-8-105, Table 2-2 and other regulations or instructions governing the action to be taken. Mandatory statements that must be included in this block are:

- "Travel vouchers will be submitted within 5 days after TDY is completed."

- “The Travel and Transportation Reform Act of 1998 stipulates that the Government-sponsored, contractor-issued travel card shall be used by all U.S. Government personnel (military and civilian) to pay for costs incident to official business travel unless specifically exempted by authority of the Administrator of General Services or the head of the agency.”
- “Member is/is not (enter whichever is appropriate) a Government travel card cardholder.” Note: If the member has a Government travel card, this statement must also indicate whether or not the member is exempt from the mandatory use provision of the TTRA. It must also include the statement: “The member shall obtain cash, as authorized, through ATMs rather than obtaining cash advances from a DoD disbursing officer.”
- A statement indicating the type of quarters and meals to be used while TDY.

Other mandatory statements pertaining to the use of rental car, registration fees, directed mode of transportation, etc., must be included as appropriate (see AR 600-8-105, Para 12-13 for other required statements). Information that is not essential to the TDY should never be included (information on documents to support a travel claim, information on weapons or firearms unless required by AR 190-4, or the requirement to use transportation requests and meal tickets, etc.).

Block 17. Requesting Official: The requesting official signs this item after determining that the TDY request meets the criteria prescribed in AR 600-8-105, Table 12-1. If the requesting official is also the approving official, “Same as item 18” is entered and the official signs item 18.

Block 18. Approving Official: The approving official signs this item after determining that the TDY request meets the criteria prescribed in AR 600-8-105, Table 12-1. If the approving official is also the authenticating official, “Same as item 20” is entered and the official signs item 20.

Block 19. Accounting Citation: Shows the fiscal data in accordance with Service regulations and includes the travel computation unit to which travel vouchers must be forwarded. The servicing budget or fiscal officer enters the appropriate accounting classification and DSSN of the office that maintains the individual's travel record and certifies the availability of funds by signing in item 19.

Block 20. Order-authorizing Official: The order authorizing official signs this item after determining the TDY request meets the criteria in AR 600-8-105, Table 12-1. The order-issuing organization and location in addition to the title and signature of the order-authorizing official must be shown.

Block 21. Date Issued: The date when the travel order is issued. No claims for travel preceding this date may be paid unless otherwise authorized via a verbal or vocal order date (VOCO).

Block 22. Travel Order Number: See AR 600-8-105, Para 2-14 for instructions on numbering orders. The travel order number (TONO) is used to track travel orders through accounting and in the Integrated Automated Travel System (IATS).

Appendix C

DD Form 1351-2, Travel Voucher or Subvoucher

[illegible]

INSTRUCTIONS FOR COMPLETING DD FORM 1351-2, TRAVEL VOUCHER OR SUBVOUCHER (MILITARY)

This form is used to request reimbursement of authorized expenses (i.e. transportation, lodging, rental car, misc. fees, etc.) incurred during PCS or TDY travel.

Block 1. EFT is the only authorized option. This will ensure your payment is sent to the same bank account as your military pay. Split Disbursement is only authorized for the TDY portion of a TDY and enables finance to directly pay your government charge card the portion designated to your government charge card.

Block 2. TYPE OF PAYMENT. Mark ALL that apply. It is possible to have all blocks selected. Pay special attention to Dependent(s) and DLA. If dependent travel is on this voucher, make sure both of these blocks are checked.

Block 3. FOR USE BY FINANCE

Block 4. Type or print the Soldier's Last Name, First Name, and Middle Initial

Block 5. Type or print the Soldier's pay grade (E-5, O-3, W-2, etc.)

1. PAYMENT <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check Split Disbursement: Amt. to Govt. Trvl Charge Card \$ _____		2. TYPE OF PAYMENT (X as applicable) <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> TDY</td> <td style="border: none;"><input type="checkbox"/> Member/Employee</td> <td style="border: none;"><input type="checkbox"/> PCS</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other</td> <td style="border: none;"><input type="checkbox"/> Dependent(s)</td> <td style="border: none;"><input type="checkbox"/> DLA</td> </tr> </table>		<input type="checkbox"/> TDY	<input type="checkbox"/> Member/Employee	<input type="checkbox"/> PCS	<input type="checkbox"/> Other	<input type="checkbox"/> Dependent(s)	<input type="checkbox"/> DLA
<input type="checkbox"/> TDY	<input type="checkbox"/> Member/Employee	<input type="checkbox"/> PCS							
<input type="checkbox"/> Other	<input type="checkbox"/> Dependent(s)	<input type="checkbox"/> DLA							
4. NAME (Last, First, Middle Initial) (Print or type)		5. GRADE	6. SSN						
7. ADDRESS a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE						
8. DAYTIME TELEPHONE NUMBER & AREA CODE	9. TRAVEL ORDER NUMBER	10. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES							
11. ORGANIZATION AND STATION									

Block 6. Type or print the Soldier's social security number.

Block 7. Type or print a **current** mailing address to include Street Address, City, State, and Zip Code. DO NOT USE the unit address, unless it is a valid mailing address with a P.O. Box. For example, 525th Repl Co will result in the payee copy of the voucher not being mailed.

Block 8. Type or print a current daytime telephone number (cell phone is acceptable) if possible. If a question arises on your claim, we will try to contact you at this number before returning the voucher.

Block 9. Type or print the travel order number as written on your PCS/TDY orders. Do not use order numbers for amendments.

Block 10. Type or print the amount of travel advance you received, the DOV#, and date of payment. Write "None" if you did not receive a travel advance. (NOTE : advances drawn with your ATM card should not be entered in this block). An entry of NONE in this block when an advance was received at your prior duty station constitutes a fraudulent voucher.

Block 11. Type or print your current organization and station. (i.e. Eastern Region HQ ROTC, Fort Knox, KY)

*If no dependent traveled on this claim, check "unaccompanied" and go to block 15.

Block 12. Type or print dependent information. Check "Accompanied".

Block 12a. Type or print dependent Last Name, First Name, Middle Initial

Block 12b. Type or print relationship of dependent. For example, spouse, son, daughter.

Block 12c. Type or print date of marriage for spouse and date of birth for other dependents. If you have more than four dependents, write the information on the reverse side of the DD Form 1351-2 in Block 29, Remarks. Be sure to reverse the carbon paper.

12. DEPENDENT(S) (X and complete as applicable)			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (include Zip Code)	
<input type="checkbox"/> ACCOMPANIED		<input type="checkbox"/> UNACCOMPANIED		
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE		
			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO (Explain in Remarks)

Block 13. Type or print dependent, complete address at the time you received your PCS orders.

Block 14. Indicate whether household goods were shipped with this PCS.

Block 15. ITINERARY

Block 15a DATE. Type or print the date of arrival and departure for all points listed.

Block 15b PLACE. Type or print the locations of the departure and arrival location. If multiple modes of travel were used, indicate the location of mode changes. If TDY was authorized indicate the arrival and departure locations.

Block 15c MEANS/MODE OF TRAVEL. Enter the two letter code for the mode of travel for each leg of the travel.

GTR/TKT	T	Automobile	A
Government Transportation	G	Motorcycle	M
Commercial Transportation (Own Expense)	C	Bus	B
Privately Owned Conveyance	P	Plane	P
		Rail	R
		Vessel	V

For example, using your own truck or automobile would be PA or an airline ticket provided by the Commercial Ticket Office would be TP. If you traveled by Commercial Transportation (Own Expense) make sure you include a copy of the tickets with your claim and mark CP.

15. ITINERARY						
a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					

Block 15d REASON FOR STOP. Enter the reason for stop from one of the following codes

Authorized Delay	AD	Leave En Route	LV
Authorized Return	AR	Mission Complete	MC
Awaiting Transportation	AT	Temporary Duty	TD
Hospital Admittance	HA	Voluntary Return	VR
Hospital Discharge	HD		

Block 15e LODGING COST. Type or print the cost of lodging. Leave blank except for TDY locations. Ensure receipts are attached. If government lodging was directed but not used, a Statement of Non-availability (SNA) is required.

Block 15f POC MILES. Type or print the mileage between departure and arrival points when using a owned and operated Privately Owned Conveyance.

Block 16 POC TRAVEL. If you traveled using a Privately Owned Conveyance you must indicate whether you owned and drove the vehicle or a passenger of a vehicle.

Block 17. DURATION OF TDY TRAVEL Place an X on applicable blocks when TDY travel is involved with the PCS.

16. POC TRAVEL (X one)		OWN/OPERATE	PASSENGER	17. DURATION OF TDY TRAVEL
18. REIMBURSABLE EXPENSES				
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	
				12 HOURS OR LESS
				MORE THAN 12 HOURS BUT 24 HOURS OR LESS
				MORE THAN 24 HOURS

Block 18. REIMBURSABLE EXPENSES. Print or type all items of reimbursable expenses. For example, rental car, conference fees, registration fees, bridge tolls, gas, ferry fees, taxi expense, exam fees, etc. Tips and porter fees must be itemized showing actual cost and number of bags. For official long distance telephone calls, block 21a and 21b must be completed. Claims for more than one POC in conjunction with a PCS can also be shown in these blocks. Any reimbursable over \$75.00 will require a receipt. Rental car, conference fees, registration fees are normally TDY expenses and are required to be pre-authorized in the orders.

Block 19. GOVERNMENT/DEDUCTIBLE MEALS. List meals consumed by the Soldier with or without charge when furnished by an official source. Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

19. GOVERNMENT/DEDUCTIBLE MEALS			
a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

Block 20a/b. Soldier MUST sign and date the claim.

Appendix D

OBC Websites and Phone Numbers

Quick Reference Website for all Career Branch Homepages

<https://www.perscomonline.army.mil/opmd/Branch%20Homepages.htm>

Quick Reference Website for all OBCs

<http://www.fiu.edu/~armyrotc/obc.htm>

Fort Sam Houston MED OBC

COM: 210-221-7562 and DSN 471-7562

<http://www.cs.amedd.army.mil/obc>

Fort Leonard Wood MP OBC

(573) 596-0131 ext 3-7914

<http://www.wood.army.mil/usamps/DOT/CATD/MPOB/ob.htm>

Fort Gordon SIG OBC

Commercial: (706) 791-5314 or DSN 780-5314

<http://www.gordon.army.mil/442sig/course/sobc>

Fort Leonard Wood ENG OBC

DSN 581-0788, (573) 596-0788

DSN 581-0793, (573) 596-0793

<http://www.wood.army.mil/EOBC>

Fort Jackson FINANCE OBC

DSN: 734-8733/Comm: (803)751-8733

<http://www.finance.army.mil/course9.htm>

Fort Sill FA OBC

(580) 442-6415 DSN - 639-6415

<http://sill-www.army.mil/tngcmd/tng/tctfaobc.htm>

Fort Lee JAG OBC

(434) 971-3300 DSN: 521-3300

<http://www.goarmy.com/job/officer/jagofcr.htm>

Aberdeen Proving Ground ORD OBC

410-278-3008 Comm 298-3008 DSN

<http://www.goordnance.apg.army.mil/CSD%20Web/4-9-C20-91A.htm>

Fort Benning INF OBC

(706) 545-8177/2361

<http://www.benning.army.mil/iobc>

Ft. Huachuca MI OBC

Commercial (520) 533-6506 DSN: 821-6506

<http://www.globalsecurity.org/military/agency/army/mi.htm>

Fort Knox ARMOR OBC

502-624-4492/1216

<http://www.knox.army.mil/>

Fort Leonard Wood Chem OBC

(573) 563-6126 (573) 563-8053

<http://www.wood.army.mil/usacmls/>

Fort Jackson AG OBC

(803) 751-8188

<http://www.jackson.army.mil/>

Fort Jackson CHAP OBC

COM (803) 751-8039

http://www.usachcs.army.mil/CHOBC/Chobc_%7E1.htm

Fort Lee QM OBC

(804) 734-4217

<http://www.quartermaster.army.mil/ltd/obc/obc.html>

Fort Eustis TC OBC

(757) 878-6675/6840/6483 after hours (757) 878-6059/5501

<http://www.fiu.edu/~armyrotc/obc.htm>

RELATED WEBSITES OF INTEREST

U.S. Army Human Resources Command (HRC)

<https://www.perscomonline.army.mil/index2.asp>

Army Knowledge Online (AKO)

<https://www.us.army.mil/suite/login/welcome.html>

Defense Finance and Accounting Service (DFAS)

<http://www.dfas.mil>

Department of Defense SITES

<https://www.dmdc.osd.mil/appj/sites/index.jsp>

Appendix E (Standard Order)

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY CADET COMMAND
Fort Monroe, Virginia 23651-1052

ORDERS (ORDER #)

DATE

DOE, JOHN S.
111 PINE STREET
ANYTOWN, USA 54321

123-45-6789, 2LT,
UNIV OF AMERICA
ANYTOWN, USA 54321

Effective upon your acceptance of appointment in the United States Army Reserve, you are ordered to active duty for the period shown in active duty commitment below. You will proceed from your current location in time to report on the date shown below.

Assigned to: (Your first permanent duty station)

Reporting date: _____

Temporary duty: You are required to perform temporary duty at _____, with a report date of _____. (TDY to attend Officer Basic Course)

Active Duty commitment: 4 years

Basic Branch: (Your basic branch)

Control Branch: (Your control branch)

Additional instructions:

- (a) You will commence travel not earlier than _____. You are accessed for the month of _____. You will enter active duty effective _____.
- (b) You will attend the _____ Officer Basic Course (Course #), Class (class #), from _____ to _____. Quota Source: _____.
- (c) (This paragraph contains reporting information specific to the location of the OBC).
- (d) You will be participating in a daily outdoor physical training program. You must bring appropriate attire (running shoes, shorts, suits, etc) in order to participate in this program while attending the course. You cannot report to OBC with a temporary profile.
- (e) Official travel arrangements purchased through a commercial travel office (travel agency) not under contract to the government is not reimbursable. Travel by privately owned vehicle and TR is authorized.
- (f) You must meet weight standards as specified in AR 600-9 to be eligible for this assignment. You are responsible for reporting to your next duty station in satisfactory physical condition, able to pass the APFT. The losing commander will notify Human Resource Command, ATTN: TAPC-OPG-T if compliance has not been accomplished.
- (g) You are authorized shipment of household goods and dependents to permanent change of station IAW JTR. If you plan to ship personal property at Government expense, contact your local Transportation Officer for shipment and the Transportation Office of your new duty station for delivery. Shipment of temporary change of station weight allowance is not to exceed 600 lbs.
- (h) Do not comply with these orders if you fail to complete degree requirements and graduate.
- (i) You are required to report to the Family Housing/Housing Referral Office serving your new duty station before you make housing arrangements for renting, leasing, or purchasing any off-post housing.
- (j) You must submit a travel voucher within seven working days after completion of travel.
- (k) Security Clearance:
- (l) Comply with AR 600-8-8, Military Sponsor program. Forward DA Form 4787, Military Sponsor Program information, directly to gaining command. You must contact commander of gaining organization not later than 10 days after receipt of orders if any special requirements exist for special medical, dental, or educational facilities.
- (m) In accordance with AR 350-100, this reassignment will cause you to incur an active duty service obligation to the Army, one year for a move to a CONUS location or the overseas tour length prescribed in AR 614-30. Consult your local Military Personnel Office and/or AR 350-100 to determine what, if any, impact this reassignment will have on your service obligation to the Army.
- (n) Early report is authorized to PCS station.

ORDERS (ORDER #), HQ, USA Cadet Command, DATE

(o) Traveler is exempt from the mandatory use of the Government Travel Card.

(p) Access website <http://www.dmdc.osd.mil/> for all you need to know about your next installation and surrounding communities.

(q) Recoupment of scholarship financial assistance received applies if the service obligation is not fulfilled, which includes failure to meet the physical standards for accession.

FOR ARMY USE

AUTH: (Authority line)

Accounting classification: (Accounting classification codes)

MDC:

HOR: 111 Pine Street
Anytown, USA 54321

SSI:

Sex:

Con Specialty:

Date last med exam:

Pers Con No:

Control Br:

CIC:

Proj Specialty:

PPN:

Date of Appt:

Availability date:

Format: 157

FOR THE COMMANDER:

JOHN Q. SMITH

Colonel, GS

Director, Personnel and Administration

Distribution:

2LT DOE, JOHN M. (20)

PMS UNIV OF AMERICA, ANYTOWN, USA 54321 (1)

CDR, USA CADET COMMAND (ATCC-PS-A) EASTERN REGION (2)

CDR, FORT _____ REPL DET, FORT _____ (3)

COMDT, _____ OBC, FORT _____ (1)

HQDA (TAPC-PDI) (1)

HQDA (TAPC-OPG-T) (1)

MPRJ (1)

Officer Basic Course (OBC) Inprocessing Procedures

Even though inprocessing procedures will vary at each location, many installations follow the order listed below:

- 1) Report to the OBC building on individual installation.
- 2) A welcome briefing will be provided by the 1SG informing you of what you can expect & their expectations of you.
- 3) Receive welcome packets and ask any questions that you may have.
- 4) Weigh-in and urinalysis.
- 5) Receive Troop/Company Info packets.
- 6) Released to individual Troops/Companies.
- 7) Further inprocessing will be performed at Troop/Company level.

You will need to have with you all pertinent documents including, but not limited to: standard orders, contract, marriage and/or birth certificates (if applicable), etc. Please use the listing in Appendix D and call your OBC before you arrive to ensure you have a smooth transition upon your departure from your university.

***These are very common inprocessing procedures and can be expected to be used at Leader's Training Course (LTC), Leadership Development and Assessment Course (LDAC) and Officer Basic Course (OBC).**

Appendix F

DD Form 93, Record of Emergency Data

RECORD OF EMERGENCY DATA					
<p style="text-align: center;">PRIVACY ACT STATEMENT</p> <p>AUTHORITY: 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).</p> <p>PRINCIPAL PURPOSES: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.</p> <p>ROUTINE USES: None.</p> <p>DISCLOSURE: Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.</p>					
<p style="text-align: center;">INSTRUCTIONS TO SERVICEMEMBER</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the following</p> </div> <div style="width: 50%;"> <p>statement carefully, and sign on the line provided:</p> <p style="text-align: center;">I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.</p> <p style="text-align: right;">_____ (Signature of Servicemember)</p> </div> </div>					
1. NAME (Last, First, Middle)	2a. SSN	b. INITIAL (To indicate valid SSN)	3a. SERVICE	b. REPORTING UNIT CODE DUTY STATION	
4a. SPOUSE NAME	b. ADDRESS (Include ZIP Code)				
5. CHILDREN a. NAME	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code)		
6a. FATHER NAME	b. ADDRESS (Include ZIP Code)				
7a. MOTHER NAME	b. ADDRESS (Include ZIP Code)				
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD				
9a. BENEFICIARY(IES) FOR DEATH GRATUITY (If no surviving spouse or child)	b. ADDRESS (Include ZIP Code)			c. PERCENTAGE	
10a. BENEFICIARY(IES) FOR UNPAID PAY/ ALLOWANCES	b. ADDRESS (Include ZIP Code)			c. PERCENTAGE	
11. ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING (Subject to Secretarial determination)					
12. INSURANCE (SGLI and other Insurance Companies/Policy Numbers)		a. SGLI (Optional Service Use) <input type="checkbox"/> MAXIMUM <input type="checkbox"/> NO <input type="checkbox"/> OTHER (Amount) _____		b. INSURANCE COMPANIES/POLICY NUMBERS	
13. CONTINUATION/REMARKS					
14. SIGNATURE OF SERVICEMEMBER (Include rank, rate, or grade)			15. SIGNATURE OF WITNESS (Include rank, rate, or grade)		16. DATE SIGNED (YYYYMMDD)

DD FORM 93, AUG 1998

PREVIOUS EDITION MAY BE USED.

INSTRUCTIONS FOR PREPARING DD FORM 93

(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 13, "Continuations", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 13" should be included in the item pertaining to the particular next of kin. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. When the space for a particular item is insufficient, insert "See #13" and continue the information in Item 13. Also see preparation instructions for Item 13.

ITEM 1. Member's full last name, first name, middle name.

ITEM 2a. Member's social security number (SSN).

ITEM 2b. Member's initials in ink, verifying SSN accuracy.

ITEM 3a. Service. Use standard one-letter Service code (A - Army, F - Air Force, N - Navy, M - Marine Corps).

ITEM 3b. Reporting Unit Code/Duty Station. Army/Air Force/Navy - see Service Directives. Marine Corps - MEPS enters Monitored Command Code (MCC) to which the member will be assigned.

ITEM 4. First name, middle initial, maiden name (if applicable), and address of spouse. If member is single, divorced, or widowed, so state.

ITEM 5. First name, middle initial, last name (only if different from member's), relationship to member, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/matrimony has been judicially decreed. Indicate relationship, for example: 03 - son, 04 - daughter, 13 - stepson, 14 - stepdaughter, 33 - adopted daughter, 34 - adopted son. Sample entries: Mary A./04/19650704; Donald E. Jones/13/19630102. For children not living with the member's current spouse, include address and name and relationship of person with whom residing.

ITEM 6. First name, middle initial, last name, and address of father. If unknown or deceased, so state. Include civilian title or military grade if applicable. If other than natural father is listed, indicate relationship.

ITEM 7. First name, middle initial, last name, and address of mother. If unknown or deceased, so state. Include civilian title or military grade if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons not to be notified due to ill health.

- List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan."
- List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 8a.

ITEM 9a. Enter first name(s), middle initial, last name(s) and relationship of person to receive the 6 months' gratuity pay if there is no surviving spouse or child at the time of death. Only parents (including a person in loco parentis status) and brothers and sisters (including those of half-blood and those through adoption) may be designated. Loco Parentis means any person(s) who acted in place of the member's parent(s) for a period of not less than one year at any time before the member entered on active duty. If brothers or sisters are designated, show date of birth (YYYYMMDD). Enter "None" if the member has no eligible beneficiary. No benefit can be paid in that instance (10 USC 1477). Also enter "None" if the member does not wish to designate a beneficiary. Payment is then made in the order of precedence established by law. The member should make specific designations, as it expedites payment.

ITEM 9b. Enter beneficiary(ies) full mailing address to include the ZIP Code.

ITEM 9c. Show the percentage to be paid to each person if two or more beneficiaries are designated. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named.

ITEM 10a. Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid each in item 10c. If the member does not wish to designate a beneficiary, enter "None." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2271) in the absence of a designation.

ITEM 10b. Enter beneficiary(ies) full mailing address to include the ZIP Code.

ITEM 10c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent.

ITEM 11. First name, middle initial, last name, relationship, and address of dependent(s) the member designates to receive an allotment of pay if missing, captured, or interned. This allotment may be initiated by the Service Secretary or his designee in the event the member enters a missing status. This item may be left blank. If member designates two or more allottees, state the percentage to be paid to each. The sum shares need not equal 100 percent, but may not exceed 100 percent. NOTE: Designations made in Item 11 are used as a guide by the Service Secretary or designee in establishing, changing, or discontinuing an allotment in the interest of the member (37 USC 551-558). The final decision rests with the Service Secretary or designee.

ITEM 12. Insurance information.

- Serviceman's Group Life Insurance (SGLI). Not applicable for Marine Corps and Air Force members. NOTE: Completion of this item does not constitute a SGLI election or designation or beneficiary(ies). Indicate, by entering an "X" in the appropriate block, the member's SGLI election (as stated in VA Form 29-8286). For Navy members, on the next line, enter, as appropriate, either: "Bene Desig filed (YYYYMMDD)," or "Bene Desig not filed."
- Insurance companies/policy numbers. Enter full name of all commercial life insurance companies to be notified in case of death. Enter policy number if member desires; this expedites settlement of claims.

ITEM 13. Continuations/remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./03/19451220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed.

ITEM 14. Member's signature. Have the member check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade.

ITEM 15. Signature of witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade.

ITEM 16. Date the member signs the form. This item is an ink entry and must be completed by the member on four copies.

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“I am convinced that there is no more important vocation or profession than serving in the defense of the nation—not just any nation, but a nation that is prepared to provide the dignity to man that God intended—our nation. All the benefits that our citizens enjoy exist behind the defense barrier that is manned by the members of the military establishment. No greater honor can be given to any man than the privilege of serving the cause of freedom.”

*--Gen. Harold K. Johnson, Chief of Staff
United States Army, 4 July 1964-2 July 1968*

LYRICS

A BAR OF GOLD ON ARMY GREEN

Lyrics by Patrick Cunningham

Music by David Buskin

Listen up, you brave young man
The battle's loomin' near
You have to take the hill by morning light
Do you read me loud and clear?

Yes sir, they nod, every man
Though their eyes are flecked with fear
For they've come to know the man in charge
And the cause he holds so dear

CHORUS:

A bar of gold on Army Green
A bar of gold on Army Green
When you're looking for a leader
One who's heard as well as seen
Look to the man who's earned respect
And a bar of gold on Army green